DOCUMENT RESUME

ED 290 088 CG 020 451

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TITLE Ambivalence over Expressing Emotion: Psychological and Physical Implications.
PUB DATE Aug 87
NOTE 16p.; Paper presented at the Annual Convention of the American Psychological Association (95th, New York, NY, August 28-September 1, 1987).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Affective Behavior; *Emotional Response; Higher Education; Life Satisfaction; *Mental Health; *Physical Health; Psychological Patterns; *Stress Variables; Undergraduate Students; *Well Being
IDENTIFIERS *Ambivalence (Psychology)

ABSTRACT

Ambivalence about expressing emotion has been suggested as mediating the relationship between inhibition and psychological and psychosomatic distress. A study was conducted to examine the relationship of ambivalence over emotional expression to psychological and physical well-being through the "personal striving" framework. Measures of ambivalence over expression, actual expressiveness, and psychological and physical well-being were administered to 75 undergraduate students. A separate group of 48 subjects completed daily mood and symptom reports for 3 weeks. Ambivalence over expressing was positively related to measures of negative affectivity, and negatively related to life satisfaction. Ambivalence scores were also significantly correlated with several of the ill-being measures, including daily reported physical symptoms. Actual expressiveness showed weaker relationships with the criterion measures. The findings suggest the importance of conflict in the expression of emotion as a factor in the development of symptomatology which has been traditionally associated with emotional inhibition. (Author/NB)

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Ambivalence Over Expressing Emotion: Psychological and Physical Implications

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Presented at the 95th Annual Convention of the American Psychological Association, New York City, August 1987.

CG 020451

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Running Head: AMBIVALENCE OVER EXPRESSING EMOTION

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Abstract

The relationship of ambivalence over emotional expression to psychological and physical well-being was examined through the "personal striving" framework. Ambivalence about expressing emotion is suggested as mediating the relationship between inhibition and psychological and psychosomatic distress. Measures of ambivalence over expression, actual expressiveness, and psychological and physical well-being were administered to 75 undergraduates. A separate group of 48 subjects completed daily mood and symptom reports for 3 weeks. Ambivalence over expressing was positively related to measures of negative affectivity, and negatively related to life satisfaction. Ambivalence scores were also significantly correlated with several of the ill-being measures including daily reported physical symptoms. Actual expressiveness showed weaker relationships with the criterion measures. The findings indicate the importance of conflict in the expression of emotion as a factor in the development of symptomatology which has been traditionally associated with emotional inhibition.

Ambivalence Over Expressing Emotion: Psychological and Physical Implications

A theme present in many popular psychological writings is that expression is the healthy end to the processes of human emotional response. Emotional inhibition (i.e., voluntarily not expressing emotion) has been associated with psychomatic symptoms and low levels of subjective well-being (Pennebaker, 1985). However, the issues of conflict and ambivalence have not been addressed in conjunction with this topic in emotion research. The present investigation seeks to clarify the potentially pathogenic character of emotional inhibition through the personal striving framework (Emmons, 1986). Emotional expressiveness goals and ambivalence about these goals may be an important factor in the development of emotion-related physical and psychological problems.

Many of our assumptions about the advantages of emotional expression are based on the well-documented inverse relationship between emotional expression and autonomic reactivity (Pennebaker, 1985; Buck, 1985). However, this view of the relationship between emotional inhibition and physiological and psychological impairment has proven inadequate as our understanding of emotional expression and inhibition has grown. Research has demonstrated that autonomic reactivity may be related variously to expression and inhibition as a function of situational factors and individual differences in characteristic or preferred styles of expression (Sackheim, 1983; Tavris, 1984; Murray, 1985; Roth & Cohen,1986). Bell and Byrne (1978) review evidence that repressors (i.e., inhibitors) actually

report fewer health problems than sensitizers (i.e., expressors). There is also evidence, however, linking the personality style of repressive-defensiveness, indicating long-term inhibition, with a variey of illnesses (Jensen, 1987). Thus, evidence is mixed regarding the healthiest mode for dealing with emotion.

According to Pennebaker (1985), inhibition of emotional expression coupled with the desire to express emotion is the (literally) fatal combination. Pennebaker has found that individuals who inhibit their desire to confide in others about emotional life events are at an increased risk for the development of later health problems. Thus, when an individual's preferred style of expression is in conflict with social norms or is, for other reasons, seen as undesirable, the individual is likely to experience autonomic stress, which, over time, can result in illness.

The personal striving framework (Emmons, 1986) offers a means by which to explore the relationship between ambivalence and well-being. A personal striving refers to "what a person is characteristically trying to do" (1986, p. 1059). He has found that ambivalence about one's strivings is associated with low subjective well-being, especially high negative affect. Emmons has suggested that a preponderance of his subjects' ambivalent personal strivings, i.e., those strivings whose achievement would cause unhappiness as well as happiness, concerned emotional inhibition and expression. Ambivalence over those strivings which deal with emotions is suggested here as a mediator in the relationships that have been demonstrated to exist between expression and physical and psychological well-being. Within this framework, we can examine the relationship of ambivalence about expression apart from the basic issue of expression itself since what a person is trying to do may or may not

correspond with what they actually do. Thus, the purpose of the present study is to examine the relationships between emotional expression, conflict over expression, and indicators of psychological and physical well-being.

Method

Subjects. Two groups of subjects participated in this study. Initially, 75 Michigan State University students (22 males and 53 females) completed a packet of questionnaires for extra credit in an undergraduate psychology course. A second set of 48 subjects (13 males and 35 females), also M.S.U. undergraduates, enrolled in a semester long course and research project entitled, "Research on Goals, Moods, and Health." These subjects were from various academic levels and in various courses of study. They were recruited via announcements in the psychology department and participation was open to virtually anyone.

Materials. A list of 600 personal strivings that had been collected in an earlier study (by Emmons, 1986) were examined and those strivings that dealt with ambivalence over expressing emotion were compiled into a 48-item questionnaire (alpha = .90). This scale will be referred to as the Ambivalence over Expressing Emotion Questionnaire (AEQ). An example item from this scale is "I try to honestly criticize others for their own good, but I worry that they will be angry with me if I do so." A 45-item measure of emotional expressiveness, similar to the Affective Communication Test (Friedman, Prince, Riggio, and DiMatteo, 1980), was also administered (alpha = .80). This scale will be referred to as the Emotional Expresssiveness Questionnaire, or EEQ. An example item from this scale is "People can tell from my facial expressions how I am feeling". The measures of psychological and physical well-being were: the Hopkins

Symptom Checklist (Derogatis, Lipman, Rickels, Uhlenhuth, and Covi, 1974) which measures symptoms on five different levels: somatization, depression, anxiety, obsessive-compulsiveness and interpersonal sensitivity; the Neuroticism scale from the Eysenck Personality Inventory (EPI; Eysenck and Eysenck, 1964), a revised version of the Bradburn Affect Balance Scale (Bradburn, 1969; revised by Warr, Barter, and Brownbridge, 1983); and the Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, and Griffin, 1985). The Raulin Intense Ambivalence scale (Raulin, 1984) and a masure of family expressiveness (Halberstadt, 1986) werew also administered.

Procedure. Subjects in the first sample completed the package of questionnaires and returned them to the experimenters. Subjects in the second sample were also given this battery of questionnaires as well as a set of daily mood reports to complete each day for a 3 week period. Two forms were completed each day, one at the "middle" of the subject's day and one before the subject went to sleep. These mood reports consisted of a list of adjectives describing various positive and negative emotions (happy/joyful, pleased, enjoyment/fun, unhappy, angry, anxious, depressed, and frustrated). The adjectives listed on these reports were chosen on the basis of earlier factor analytic work by Diener and Emmons (1984). Subjects rated the extent to which they experienced the emotions listed during the part of the day prior to completion of the form. In addition to the mood questions, the daily report included nine categories of symptoms including headaches, stomachache/pain, runny/congested nose, coughing/sore throat, faintness/dizziness, out of breath, acne/pimples, and stiff/sore muscles.

Results

Scores on the AEQ were significantly positively correlated with scores on the Raulin Intense Ambivalence Scale (r = .41, p < .01), suggesting that this created scale does tap ambivalence. In addition, AEQ scores were significantly negatively correlated with scores on the Marlowe-Crowne Social Desirability Scale suggesting that the AEQ is not confounded with desirability. Pearson correlation coefficients were computed for the scales administered to the first sample and these are reported in Table 1. Emotional expressiveness ambivalence was significantly positively correlated with all of the measures of psychological distress, including anxiety, obsessive-compulsiveness, somatization, depression, neuroticism, and negative affect, and negatively correlated with life satisfaction.

Insert Tables 1, 2, and 3 about here

The scores on the Emotional Expressiveness Questionnaire were found to be significantly positively correlated with Bradburn's Positive Affect measure (r=.41, p <.01) and to have a marginally significant positive correlation with the measure of life satisfaction (r=.16, p <.09), indicating that expressiveness is related to both greater happiness and with somewhat more satisfaction with life. Scores on the AEQ were significantly negatively correlated with the scores on the EEQ suggesting that individuals who are ambivalent about expression also tend to inhibit expression. AEQ scores were also neagtively associated with family expressiveness (r = .30, p < .05). Emotional expressiveness was unrelated to both the physical symptom and the psychological ill-being measures.

Results for the second sample are reported in Tables 2 and 3. Emotional expressiveness ambivalence was positively related to headaches, chest pain, total symptoms, and a number of the negative daily mood adjectives. Actual expressiveness was negatively associated with daily reported sore throat and acne symptoms.

Discussion

Generally, results support the premise that expression alone is no guarantee against the problems which have been associated with the inhibition of emotional expression. The high correlations between the AEQ and the psychological distress measures support the prediction that it is ambivalence about emotional expression rather than simply inhibition of expression that is detrimental to psychological well-being. The absence of negative correlation between the EEQ and the measures of psychological distress also suggests that expression does not have an insulatory effect upon individuals. High levels of expressiveness were not associated with low levels of psychological symptoms. Inhibition alone did not explain the psychological distress experienced by the respondents in this study. These results support Pennebaker's (1985) assertion that it is not expression in and of itself that is beneficial but rather the ability to express and a lack of conflict associated with expression when expression is desired.

The negative correlation between the subjects' reported expression and ambivalence about expression supports the findings of Emmons and King (in press) that individuals will be less likely to act upon personal strivings about which they are ambivalent. This correlation also explains, to some degree, why it would be easy to confuse the effects of ambivalence with the effects of inhibition. Individuals who are ambivalent about

expressing emotion would tend to inhibit emotional expression. The inhibitory effect of ambivalence, if it does indeed exist, may be the key to its pathogenic quality. In terms of clinical practices, such a relationship between inhibition and ambivalence would suggest that it is not sufficient to encourage individuals to express their emotions openly. In fact, our findings suggest that such encouragement might be an added source of stress. Rather, it would seem most beneficial to uncover the individual's own strivings with regard to expression. Obviously the focus here is no longer on expression as an end in itself. This study suggests that the individual goals which underly expressive or inhibitory behavior are more directly relevant to the resolution of the conflicts that precipitate psychological and psychosomatic distress than the observed behaviors themselves.

Another area of suggested research would be in the area of sex differences in emotional ambivalence. These differences could not be addressed by this study because of the small number of male respondents. Cultural stereotypes would suggest that males might be more ambivalent about the expression of positive emotion and females might be more ambivalent over the expression of negative emotion.

Identifying the differences between positive and negative emotional ambivalence and inhibition is yet another area of research suggested by this study. Although not addressed by this study, clearly there are instances in human life when positive emotions must be inhibited. The consequences of such inhibition may be quite different from the inhibition of negative emotion and these consequences remain open to further research.

Finally, research should seek to uncover the processes by which conflict results in lower psychological well-being and physical illness by

employing physiological measures and other more objective indices of health in addition to the self-report measures used in this study. We have some evidence that conflict is associated with an increased nuber of health center visits (Emmons & King, in press). Pennebaker's (1985) active inhibition model of psychosomatic illness is a promising beginning in accounting for these results.

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Table 1

Correlations Between Expressiveness and Well-Being Measures

	Ambivalence	Expressiveness
Hopkins Well-Being Variable		
Somatization	.06	.05
Anxiety	.22*	.19
Obsessive-compulsive	.26**	-.07
Interpersonal sensitivity	.26**	-.07
Depression	.36**	-.15
Neuroticism	.43**	.02
Negative Affect (Bradburn)	.39**	-.08
Positive Affect (Bradburn)	-.11	.41**
Satisfaction With Life	-.37**	.16

Note. N = 75. *p < .05

**p < .01

Table 2

Correlations Between Emotional Expressiveness Measures and Daily Symptoms

Daily Symptom	Ambivalence	Expressiveness
Headaches	.23*	-.14
Stomachaches	.08	.12
Chest Pain	.22*	-.13
Runny Nose	.11	.10
Sore Throat	.19	-.25*
Out of Breath	.13	.06
Acne	.01	-.22*
Muscle Soreness	.04	-.06
Total Symptoms	.26*	-.14

Note. *$p < .05$

N = 48

Table 3

Correlations Between Expressiveness

Measures and Selected Daily Correlates

	Ambiv	Express
Joyful	-.01	.23*
Unhappy	.29*	-.04
Bored	.25*	.12
Enjoyment/Fun	.00	.26*
Worried/Anxious	.24*	.10
Satisfied	-.24	.19
Self-Confident	-.28*	.19
Excited	.01	.26*
Calm	-.19	-.19
Angry	.31**	.04

*$p < .05$

**$p < .01$